

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as required and route as specified below.

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

RECEIVED  
U.S. MARSHALPLAINTIFF  
UNITED STATES OF AMERICACOURT CASE NUMBER  
03-54E

DEFENDANT

1033 DEC 10 A 6:20

Real Property Known and Numbered As 12 East 11th St., et al.

TYPE OF PROCESS  
DESTROY PROPERTYSERVE  
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SEE BELOW

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

MARY MCKEEN HOUGHTON  
ASSISTANT U.S. ATTORNEY  
633 U.S.P.O. & COURTHOUSE  
PITTSBURGH, PA 15219  
(412) 644-6750FILED  
OCT 23 2006

CLERK U.S. DISTRICT COURT

Number of process to be  
served with this Form 285Number of parties to be  
served in this caseCheck for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

According to the attached Final Order of Forfeiture and Order dated October 6, 2003, please destroy the drug paraphernalia.

Signature of Attorney or other Originator requesting service on behalf of:

*Mary McKeen Houghton*☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

412-894-7398

DATE

12/3/03

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total  
number of process indicated.  
(Sign only for USM 285 if more  
than one USM 285 is submitted)

Total Process

District of  
Origin

No.

District to  
Serve

No.

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Address (complete only different than shown above)

Date

Time

09/14/2006 11:30 ☐ am ☒ pm

Signature of U.S. Marshal or Deputy

*By L. Feller*

Service Fee

Total Mileage Charges  
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or  
(Amount of Refund\*)

REMARKS:

Asset ID# 03-DEA-418390, 03-DEA-418392, 03-DEA-418394, 03-DEA-418396, 03-DEA-418399, 03-DEA-418402

*See remarks in destruction order of drug paraphernalia*

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED